## BEST AVAILABLE COPY

C 1903 PT 5 979

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10808594

	r	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALLE	NTITY	OR	OTHER THAN SMALL ENTITY		
	T	OTAL CLAIM:	31					RATE	FEE	7	RATE	FEE		
$\ $	FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.0	Q OR	BASIC FEE	770.00	
	T	OTAL CHARGE	ABLE CLAIMS	31 minus 20=		* 11			X\$ 9=	99	OR	·X\$18=	·	
	INI	DEPENDENT C	5 minus 3 =		*	2		X43=	86	OR	X86=			
MULTIPLE DEPENDENT CLAIM PRE				PRÉSENT	ESENT ·				+145=		OR			
,	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	570		TOTAL		
		C		SMALL	ENTITY	OR	OTHER SMALL							
l٢			(Column 1)	7	(Colum	ST	(Column 3)	ı	01117122		۱ ۱	O III ACC	<del>,</del>	
	AMENDMEN! A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	. ADDI- TIONAL FEE	
5	שמע	Total	*	Minus	**		= ,		X\$ 9=		OR	X\$18=		
A S A	Y WILL	Independent	*	Minus	***		=		X43=		OR	X86=		
L		FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ľ	+145=		OR	+290=		
								L	TOTAL		ا _ ا	TOTAL		
	(Column 1) (Column 2) (Column 3)								ADDIT. FEEOH ADDIT. FEE					
Γ.	7	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS	T	HIGHE		(Column 3)	_	·		7 r			
AMENDMENT B			REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON		Total-	·* ·	Minus	And:		=		X\$ 9=		OR	X\$18=		
AME		Independent	* .	Minus <sup>-</sup>	***		=		X43=		OR	X86=		
		FIRST PRESE	VTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		<u> </u>	+145=		1	+290=		
						·			TOTAL		OR	TOTAL		
								Αl	ADDIT. FEEOR ADDIT. FEE					
		· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Column		(Column 3)							
AMENDMENTO			CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FC	R SLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
NON	7	fotal	A	Minus	414,		::		X\$ 9=		or [	X\$18=		
	t	ndependent	*	Minus	4-4-6			+	X43≈			X86=		
<b>□</b>	F	IRST PRESEN	ITATION OF MU	LTIPLE DEP	ENDENT C	LAIM					OR			
									145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT FEE														
			er Proviously Paid					ound	in the appro	priate box	in colun	m 1,	1	